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RWANDA

RWANDA: PEER EDUCATORS HELP TO SLOW THE SPREAD OF HIV/AIDS AND DIMINISH SOCIAL STIGMA

The Challenge: To slow the onslaught of the HIV/AIDS pandemic. Rwanda in the last decade and a half has confronted successive waves of instability, including genocide in 1994 in which fully 10% of its 8,100,000 population perished, while possibly another half-million women and children unwillingly became, inter alia, victims of rape, displacement and lingering trauma. Following the genocide, and from a low base, the indices of HIV/AIDS in Rwanda soared. According to a 2003 UNAIDS report, an estimated 8.9% of Rwandan adults, or 495,000 persons, were then living with HIV/AIDS. Moreover, more than half Rwanda's population is under the age of twenty.

The Initiative: Alarmed by the ferocity of the still incurable pandemic of HIV/AIDS, the devastation that it had done in many parts of the world but especially in Africa, and the mounting evidence that young people were particularly vulnerable (accounting for one fourth of all new cases of infection worldwide last year), in 1998 the Government of Rwanda and the religious leaders of the major confessions in the country joined hands with each other and with USAID to develop a prevention-focused program that would reach Rwanda's youth early and often in the neighborhoods, hillsides and households in which they live. This followed a study two years previously which indicated that adolescent girls who were sexually active, most often used no prophylaxis and believed overwhelmingly (71%) that they were "in no danger" of contracting HIV/AIDS. The Catholic Church, with the most extensive infrastructural footprint of any institution in the country, offered its facilities for ecumenical use by all. To carry the message to young people aged 15 to 24, youth in that same age bracket are chosen by their peers to be peer educators and undergo training on multiple aspects of public health, with particular emphasis on HIV/AIDS. Their mentors are community-based, peer leaders and project coordinators who have developed an extensive portfolio of materials that sensitize youth to the personal risks of HIV/AIDS, and increase their confidence in making decisions to protect themselves from pressures to have sex against their will. The materials, which encompass 15 themes, explain the nature of the pandemic, the means of transmission, and encourage voluntary testing for its presence. They also discourage stigmatization of those living with AIDS. Rwanda's 3121 peer educators tend to be evenly divided, male and female. Chosen for their dynamism and dependability, these volunteers hold one year appointments during which they absorb a lot of public health information, hold weekly meetings with neighborhood young people and attend peer education meetings monthly with other peer educators and mentors.

Results: Peer educators, a grassroots initiative to stem the tide of HIV/AIDS in Rwanda, has had positive, dramatic, and even unforeseen impacts. From 2,400 participants in one diocese in the target 15-25 age group in 1998, the participant numbers rose to 535,900 in five dioceses by the end of 2004. In one fairly typical neighborhood, 87% of eligible youth participated in the community meetings. Peer educators come from all backgrounds, and 30% are non-Catholic. Government of Rwanda officials and religious

leaders are encouraged that, although the national prevalence rate shows a significant differential between urban and rural settings (with the urban incidence of HIV/AIDS higher in all categories), that rate has steadily dropped year by year. For 2004, the UN estimated a national prevalence of 5.1%. And in the rural sector, where 90% of Rwandans live and work, the mean HIV/AIDS infection rate is estimated at 2.8%. The rate among rural youth aged 15-24 is only slightly higher. Counseling and community support directed at the youth appear to have contributed to that outcome. Participants report that peer educators convinced them to reevaluate certain choices. Moreover, the equal involvement of young men and young women has fostered a mutual sense of personal responsibility and promoted self-respect.

But the youth have also transformed the program. As community mobilizers during the past six years, peer educators began to bring the pressing cases of HIV-related need among their neighbors to the attention of local leaders, effecting the involvement of the whole community in shaping solutions. The result is that marginalizing of HIV-affected persons in numerous communities has been arrested. Dozens of those living with AIDS report that the expressions of support instigated by the peer educators help to diminish social stigma and make them feel like valued members of the community.